

PD MODEL FORMAT**STATE OF MONTANA
OFFICE OF PUBLIC INSTRUCTION****POSITION DESCRIPTION****ALLOCATION: To be completed after final classification approval by the State Personnel Division or by agencies with delegated classification authority:**

| | | |
|------------|-------|-------|
| Class Code | Title | Grade |
|------------|-------|-------|

***** PART I: Identification *****

| | | |
|--------------------------------|-----------------------|---------------|
| CURRENT CLASSIFICATION: | Class <u>Code:</u> | <u>Title:</u> |
|--------------------------------|-----------------------|---------------|

| | | |
|----------------|--------------------------|---------------------|
| AGENCY: | <u>Agency Code:</u> 5401 | <u>Position No:</u> |
|----------------|--------------------------|---------------------|

| | |
|-----------------------|-----------------|
| <u>Department</u> | <u>Division</u> |
| <u>Transportation</u> | |

| | | |
|---------------|----------------|-------------|
| <u>Bureau</u> | <u>Section</u> | <u>Unit</u> |
|---------------|----------------|-------------|

ADDRESS:

| | | | | |
|------------------------------|------------------------------|-------------|---------------------------|-------------------------------------|
| <u>Building & Street</u> | <u>Room</u> <u>Number</u> | <u>City</u> | <u>Zip</u> <u>Code</u> | <u>Business</u> <u>Telephone</u> |
|------------------------------|------------------------------|-------------|---------------------------|-------------------------------------|

FUNCTIONAL DESCRIPTION OF THE WORK UNIT:

***** PART II: Job Description *****

1. **ASSIGNED DUTIES:**
%

2. **WORKING CONDITIONS AND PHYSICAL DEMANDS:**

3. **KNOWLEDGE, SKILLS, AND ABILITIES:**

Education and Experience

4. **MANAGEMENT and SUPERVISION of OTHERS:**

| <u>Pos. No.</u> | <u>Class Code</u> | <u>Title</u> | <u>FTE</u> |
|-----------------|-------------------|--------------|------------|
|-----------------|-------------------|--------------|------------|

Total organizationally subordinate FTE's:

5. **SUPERVISION RECEIVED:**

6. **SCOPE & EFFECT:**

7. **PERSONAL CONTACTS:**

*****PART III: Signatures *****

IMMEDIATE SUPERVISOR

To the best of my knowledge, the statements in Parts I and II are accurate and complete.

Signature _____

Date: _____

Name: _____
(Please Print)

Title: _____
(Please Print)

EMPLOYEE

To the best of my knowledge, the statements in Parts I and II are accurate and complete

Signature _____

Date: _____

Name: _____

Date: _____

ADMINISTRATIVE REVIEW

Signature _____

Date: _____

Name: _____
(Please Print)

Title: _____
(Please Print)

Signature _____

Date: _____

Name: _____
(Please Print)

Title: _____
(Please Print)

Agency Director
or Designee: _____

Date: _____

Name: _____
(Please Print)

Title: _____
(Please Print)

